Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE	
APPLICANT(S)	09/485099		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	1							51		1				
2		1						52		1				
3		1						53		1				
4		1						54		1				
5		1						55		1				
6		1						56		1				
7								57		1				
8								58		1				
9	1							59		1				
10		1						60		1				
11								61	1					
12								62		1				
13								63		1				
14								64		1				
15								65		1				
16								66		1				
17								67	1					
18								68		1				
19								69		1				
20								70		1				
21								71		1				
22								72		1				
23								73		1				
24					1			74		1				
25						1		75		1				
26						1		76		1				
27						1		77		1				
28						1		78		1				
29						1		79		1				
30						1		80		1				
31						1		81		1				
32					1			82		1				
33						1		83		1				
34						1		84		1				
35						1		85		1				
36						1		86		1				
37						1		87		1				
38						1		88		1				
39						1		89						
40						1		90						
41						1		91						
42						1		92						
43						1		93						
44						1		94						
45						1		95						
46						1		96						
47						1		97						
48						1		98						
49						1		99						
50						1		100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE